Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073

www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be fitted within 20 days of receipt of the gift or bequest.

FORM-GB
Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state
For office use only indexed
Audited
Checked
Computer

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQ	QUEST:		2012
State Training School			ÄAY
Name of Department or Office 3211 Edgington Avenue	Fldow 74	CO.CO.	
Mailing Address	Eldora, IA City, Sta	ile, Zip Code	
641-658-5402 Area Code & Telephone No.			<u>></u>
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:		
Kristin Hagedon			: &
Name			
Mailing Address (if different from above) khagedo@dhs.state.ia.us		City, State, Zip (if different	from above)
Email Address		A 0-1 8 7 1	<u> </u>
		Area Code & Telephone No	umber (if different from above)
ONOR OF GIFT OR BEQUEST:			
American Legion Aux. Unit 110			
Name	— <u> </u>		
Box 318 Manly, IA 50456			
Mailing Address City, State, Zip Code	_	4/26/12	\$120.37
Area Code & Telephone Number	- 1	Date of Gift or Bequest	Amount/Value*
-#	l l	"value is defined as "fair ma	rket value" of item as determined by
mail Address (optional)	- 1	receiving department or offi	ce. II no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:			
assorted items donated for student use (puzzles, mo	ovies, sh	oes, socks, etc.)	
Criteria to use this form:		 _	
Receipt of any gift or bequest that is received by any department of the	he slale or i	received by the Governor on	hab-15-616
	- C Olulo G	received by the Governor on	Denail of the state,
tement of Affirmation:		 	
Kristin Hagedon			
affirm that the gift or bequest reported at essment of the fair market value (if applicable) is correct and true to the	bove is acci the best of r	urale. I further affirm that the ny knowledge	Information concerning the donor and
		4	
shirt of			
Kristin Hagedon		May 2,	2012
Signature //	_	-	Date

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b	ift or Bequest information received y a department or accepted by the overnor on behalf of the state
In	dexed
A	udited
Ç	hecked
C	ompuler

State Training School		20
Name of Department or Office		
Mailing Address	Eldora, La 50627 City, State, Zip Code	24
641-858-5402 Area Gode & Telephone No.	5.17. 5.18.10, Elp 5644	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR	055/05	·······································
Kristin Hagedon	or riot.	
Name		
Mailing Address (if different from above)		_6.3
khagodo@dhs.state.ia.us	City, State, Zip (if different from above)	~
Email Address	Area Code & Telephone Number (if different fro	m above)
ONOR OF GIFT OR BEQUEST:		
		
American Legion Aux. #149, c/o Melinda Bennett		
P.O. Box 1 Gilman, IA 50106		* * * * * * * * * * * * * * * * * * *
Mailing Address City, State, Zip Code	— 4/28/12 \$25.	00
, ,		
vea Code & Telephone Number		*euls/Vinuo
	"value is defined as "fair market value" of item a receiving department or office. If no value mark	s determined by
mail Address (optional)	- John State Mark	0.00
Provide a description of the gift or bequest and purpose thereof:		
eash donation to be used towards student Christn	nas gifts and/or party	
Criteria to use this form:		
Receipt of any gift or bequast that is received by any department o	f the state or received by the Governor on behalf of the state.	
	,	
		*
tement of Affirmation:		
Tistin Hagedon affirm that the off or bequest recorded	above is accurate. I further affirm that the information concern	
essment of the fair market value (If applicable) is correct and true to	BUUVO IN MCCHICALE I HIGHER Offices that the information account	rine (L. J.

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May 2, 2012

Date